2010 SO. INDIANA SWIM ASSOCIATION (SISA)
HARRISON COUNTY SWIM TEAM REGISTRATION FORM
(ONE FORM PER SWIMMER)

FEES FOR SWIM TEAM: $50 per child $90 family maximum + Plus $10 per child for a pool pass

- We pay this to Harrison Co. Parks. Dept. for the use of the pool
- If a season pool pass is purchased, the additional $10 fee will be waived
- Season Single/Family Pool Passes may be purchased one on the first day of practice

CASH OR CHECKS ONLY: Make checks payable to HCST
$25 fee assessed for all returned checks. • No refunds after final roster (6/11/10).

Name of swimmer: _____ (circle) male female

Birth date: _____ Age as of June 1st:_____

Address: _____ City: _____

Names of parents/guardians:_____

Home phone #:_____Work #:_____Cell #:_____

In case of emergency notify: _____ Phone Number: _____

Doctor Name: _____ Phone Number: _____

Does your child have any current medical conditions or allergies/asthma? Yes No

If yes: _____

Are you affiliated with any other swim clubs? Yes No If yes, list clubs_____

T-SHIRTS: A free T-shirts and medallions are given to each swimmer. Please place your order here:
Child: (circle) S M L Adult: S M L XL XXL

Parents and sibling shirts must be ordered separately

Liability/Injury: I (we) agree that the Harrison County Swim Team, its members, coaches or officers shall not be liable for any injury or loss our child(ren) may sustain while participating in activities of any kind, whether sponsored or under the supervision of the team, and we agree to hold harmless the swim team, its members, coaches, officers or designates of any kind from any claim whatsoever. In case of injuries, I hereby authorize and give consent to the coaches and/or board members to obtain and provide medical treatment and services as are deemed necessary.

I HAVE READ AND UNDERSTAND THE PARENT INFORMATION HANDBOOK

***Parent(s)/Guardian(s) Signature*_____ *Date:* _____**

Please contact me by (circle) *text* *phone* *email* with any changes in practice times or meets

Text _____ Phone _____ Email _____

Would your swimmer be interested in participating in diving? (*minimal additional charge*) Yes No

How did you hear about HCST sign ups? (circle) Newspaper School Flyer Bank Marquee Website
Other/describe_____

FOR HCST ONLY: Swim Team Pool Pass Family Pool Pass